



**State of Nevada
Applying Position**

**Civilian, Sensitive Applicant
Personal History Statement**

PERSONAL	
NAME: [Last, First Middle]	DATE OF BIRTH:
OTHER NAMES YOU HAVE BEEN KNOWN BY: [Nicknames, Maiden names]	SOCIAL SECURITY NUMBER: [Disclosure is voluntary, used for identification purposes]
PLACE OF BIRTH: [City and State]	SCARS-MARKS-TATTOOS: [Identification purpose]
HEIGHT AND WEIGHT: [Identification purpose]	HAIR COLOR AND EYE COLOR: [Identification purpose]
ADDRESSES	
HOME ADDRESS: [Personal residence] CITY STATE ZIP	MAILING ADDRESS: [P.O. Box if applicable] CITY STATE ZIP
PHONE NUMBERS	
HOME PHONE:	WORK/MESSAGE PHONE: [cell phone, pager]
CURRENT MARITAL STATUS	SPOUSE NAME
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Name: Address: Telephone Number: Occupation (phone/address):
FORMER SPOUSE(S)	
Name: Address: Phone Number:	Name: Address: Phone Number:
Name: Address: Phone Number:	Name: Address: Phone Number:

LIST ALL OF YOUR CHILDREN [Including stepchildren and adopted]

NAME:	AGE:	ADDRESS:

FAMILY HISTORY

FATHER:	ADDRESS:	TELEPHONE: OCCUPATION:
MOTHER:	ADDRESS:	TELEPHONE: OCCUPATION:
FATHER-IN-LAW:	ADDRESS:	TELEPHONE: OCCUPATION:
MOTHER-IN-LAW:	ADDRESS:	TELEPHONE: OCCUPATION:
STEP-FATHER:	ADDRESS:	TELEPHONE: OCCUPATION:
STEP-MOTHER:	ADDRESS:	TELEPHONE: OCCUPATION:
BROTHER OR SISTER: [Include step-brothers and sisters] 1.	ADDRESS:	TELEPHONE: OCCUPATION:
2.	ADDRESS:	TELEPHONE: OCCUPATION:
3.	ADDRESS:	TELEPHONE: OCCUPATION:
4.	ADDRESS:	TELEPHONE: OCCUPATION:
5.	ADDRESS:	TELEPHONE: OCCUPATION:
6.	ADDRESS:	TELEPHONE: OCCUPATION:

PERSONAL REFERENCES [Please list 5 references who are not relatives]

NAME:	ADDRESS:	TELEPHONE: OCCUPATION:
NAME:	ADDRESS:	TELEPHONE: OCCUPATION:
NAME:	ADDRESS:	TELEPHONE: OCCUPATION:
NAME:	ADDRESS:	TELEPHONE: OCCUPATION:
NAME:	ADDRESS:	TELEPHONE: OCCUPATION:

RESIDENCE(S) AND CO-HABITANT(S) [List all residences for the last 10 years]

ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:
ADDRESS: Co-habitant(s) name and phone #:	FROM: TO: Reason for leaving:	<input type="checkbox"/> OWN <input type="checkbox"/> RENT Landlords address/phone #:

ASSOCIATION WITH PERSONS CONVICTED/CHARGED WITH CRIMES THAT ARE CATEGORIZED AS A FELONYList any **family members, friends and acquaintances** that you know to be a **felon, ex-felon or involved in any criminal activity**.

NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:
NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:
NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:
NAME:	ADDRESS:	RELATIONSHIP:	DATE OF LAST CONTACT:

EDUCATION [College, Technical, and High School]

HIGH SCHOOL NAME:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
COLLEGE:	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
COLLEGE	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
COLLEGE	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
TECHNICAL SCHOOL	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:
OTHER	ADDRESS:	YEARS ATTENDED: FROM: TO:	SCHOOL REFERENCES:

☐ I possess a **4-year** college degree [must attach certified copy] Major/Name of School _____

☐ I possess a **2-year** college degree [must attach certified copy] Major/Name of School _____

☐ I possess a Masters degree [must attach certified copy] Major/Name of School _____

☐ Other professional training certificate(s): Type: _____ Issued by: _____ Date Issued: _____

Have you ever been suspended from a high school or post-secondary school (after high school)? ☐ YES ☐ NO If yes, please provide details of any incidents: _____

EMPLOYMENT

*Beginning with your most current employment, list all jobs you have held in the past 10 years. **Part-time, volunteer and temporary work should also be included. Periods of unemployment must also be identified.**

[CURRENT EMPLOYER]

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER:[current]
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER:[current]
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER:[current]
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER:[current]
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER:[current]
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER:[current]
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER:[current]
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER:[current]
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

NAME OF EMPLOYER:	ADDRESS OF EMPLOYER:	PHONE NUMBER:[current]
POSITION/TITLE:	FROM: TO:	SUPERVISOR:
CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:	CO-WORKER/ADDRESS/PHONE#:
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> TEMPORARY
REASON FOR LEAVING: _____ _____ _____		

May we contact your present employer during the course of the background investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO *If no, when should contact be made? _____ _____ _____
--

Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> YES <input type="checkbox"/> NO * If yes, please give details to include when, name of employer and why? _____ _____ _____
--

Have you ever received any documented reprimands or write-ups from an employer? <input type="checkbox"/> YES <input type="checkbox"/> NO * If yes, please list when, circumstances and employer [if additional space is required please attach to this application] _____ _____ _____

IF APPLYING FOR A POSITION IN LAW ENFORCEMENT, PLEASE LIST ALL LAW ENFORCEMENT AGENCIES YOU HAVE APPLIED TO AND HAVE BEEN A SUCCESSFUL OR UNSUCCESSFUL CANDIDATE.

*If you **have never** applied to a law enforcement agency please check this box: ☐NO

AGENCY/LOCATION:	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND:
AGENCY/LOCATION:	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND:
AGENCY/LOCATION:	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND:
AGENCY/LOCATION:	DATE APPLIED:	STATUS OF APPLICATION/BACKGROUND:

LEGAL

If you have ever been **arrested, taken into physical custody or convicted of any crime**, please indicate this below in the boxes provided. **Exclude traffic citations.**

DATE:	AGENCY/LOCATION:	CHARGE:	DISPOSITION:
DATE:	AGENCY/LOCATION:	CHARGE:	DISPOSITION:
DATE:	AGENCY/LOCATION:	CHARGE:	DISPOSITION:

Have you been placed on court probation as an adult? ☐ Yes ☐ No If yes, list all details: _____

Have you ever been involved as a plaintiff or defendant in a civil court action? ☐ YES ☐ NO

*If yes, please give details to include date, name of court and circumstances: _____

MOTOR VEHICLE OPERATION DRIVER'S LICENSE INFORMATION

An investigation of all applicants who have applied for a position with this agency will have a records check conducted regarding their driving history. Please supply the following information:

CURRENT DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:
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MOTOR VEHICLE OPERATION CONTINUED

Please list other states in which you have been licensed to operate a motor vehicle.

DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:
DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:
DRIVER'S LICENSE NUMBER AND STATE:	NAME UNDER WHICH LICENSE WAS ISSUED:

Please list all vehicles registered to you and/or your spouse.

YEAR:	MAKE:	MODEL:	LICENSE NUMBER/STATE:	VEHICLE I.D. NUMBER:[VIN]
YEAR:	MAKE:	MODEL:	LICENSE NUMBER/STATE:	VEHICLE I.D. NUMBER:[VIN]
YEAR:	MAKE:	MODEL:	LICENSE NUMBER/STATE:	VEHICLE I.D. NUMBER:[VIN]

Have you ever been refused a driver's license by any state? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please explain: _____ _____ _____

Has your driver's license ever been suspended or revoked or placed in a negligent operator's probation or restriction? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please explain: _____ _____ _____

INSURANCE

Nevada law requires [NRS 485.185] that operators and owners of motor vehicles be covered by automobile liability insurance or possess a Certificate of Self-Insurance with the Department of Motor Vehicles. Therefore, please list the current liability insurance coverage that you have on your motor vehicle(s).

COMPANY:	ADDRESS:	POLICY #:	EXPIRATION DATE:
COMPANY:	ADDRESS:	POLICY #:	EXPIRATION DATE:

Have you ever been refused auto insurance for any reason other than failure to pay a premium? <input type="checkbox"/> YES <input type="checkbox"/> NO *If yes, please give details including company name, date and reason: _____ _____ _____

MOTOR VEHICLE OPERATION CONTINUED

Please list all **traffic citations** and **parking citations** you have received as an adult [after the age of 18].

NATURE OF VIOLATION:	LOCATION: [CITY]	DATE:	DISPOSITION: [FINE, COURT]
NATURE OF VIOLATION:	LOCATION: [CITY]	DATE:	DISPOSITION: [FINE, COURT]
NATURE OF VIOLATION:	LOCATION: [CITY]	DATE:	DISPOSITION: [FINE, COURT]
NATURE OF VIOLATION:	LOCATION: [CITY]	DATE:	DISPOSITION: [FINE, COURT]
NATURE OF VIOLATION:	LOCATION: [CITY]	DATE:	DISPOSITION: [FINE, COURT]
NATURE OF VIOLATION:	LOCATION: [CITY]	DATE:	DISPOSITION: [FINE, COURT]

Please list all **motor vehicle accidents** in which you have been involved as a driver that occurred within the last ten years.

DATE:	LOCATION: [CITY]	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE:	LOCATION: [CITY]	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE:	LOCATION: [CITY]	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE:	LOCATION: [CITY]	INVESTIGATING AGENCY:	WERE YOU FOUND AT FAULT? <input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL**CURRENT MONTHLY INCOME**

MONTHLY SALARY: \$
 SPOUSE'S SALARY: \$
 OTHER INCOME: \$

CURRENT MONTHLY EXPENDITURES

RENT OR MORTGAGE: \$
 OTHER MONTHLY PAYMENTS: \$
 MISCELLANEOUS: \$
 COLLEGE: \$
 AUTOMOBILE: \$
 CREDIT CARDS: \$

TOTAL MONTHLY INCOME \$

TOTAL MONTHLY EXPENDITURES \$

CURRENT ASSETS

SAVINGS: \$
 CHECKING: \$
 REAL ESTATE: \$
 STOCKS AND BONDS: \$
 AUTOMOBILES: \$

CURRENT LIABILITIES

MORTGAGES: \$
 LONG TERM LOANS: \$
 CHARGE ACCOUNTS: \$
 OTHER LIABILITIES: \$

TOTAL ASSETS \$

TOTAL LIABILITIES \$

FINANCIAL INSTITUTIONS [Bank, Loan company]

INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: [checking, savings, loan]
INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: [checking, savings, loan]
INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: [checking, savings, loan]
INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: [checking, savings, loan]
INSTITUTION NAME:	ACCOUNT NUMBER:	TYPE OF ACCOUNT: [checking, savings, loan]

FINANCIAL LIABILITIES [Charge accounts, contracts]

NAME OF FIRM:	PHONE NUMBER:	ACCOUNT NUMBER:
NAME OF FIRM:	PHONE NUMBER:	ACCOUNT NUMBER:
NAME OF FIRM:	PHONE NUMBER:	ACCOUNT NUMBER:

Have you ever filed for or **declared bankruptcy** or **filed for the Wage Earner's plan**? ☐ YES ☐ NO *If yes, please provide paperwork and an explanation: _____

Within the last seven (7) years, have any of your bills ever been turned over to a collection agency? ☐YES ☐NO

*If yes, please give details and documentation regarding any collections to include when, where and why: _____

Within the last seven (7) years, have you ever had purchased goods repossessed? ☐YES ☐NO

*If yes, please give details of the circumstances to include when, where and why: _____

Within the last seven (7) years, have your wages ever been garnished? ☐YES ☐NO

*If yes, please give details to include when, where and why: _____

Do you currently pay child support? ☐YES ☐NO

*If yes, please give details to include when, where and why: _____

Have you ever been delinquent on child support, income tax or other tax payments? ☐YES ☐NO

*If yes, please give details to include when, where and why: _____

GENERAL INFORMATION

Have you ever applied for a permit to carry a concealed firearm (CCW permit) or any other weapon?

☐YES ☐NO

*If yes, please provide the name of the Law Enforcement Agency: _____

Date granted: _____

Purpose for permit: _____

ARE YOU WILLING TO WORK ALL HOURS OF THE DAY, ALL DAYS OF THE WEEK, HOLIDAYS AND OVERTIME WHEN ASSIGNED?

☐YES ☐NO

Have you ever used, tried, experimented, injected, ingested or in anyway introduced into your body any illegal controlled substance? ☐YES ☐NO

TYPE OF DRUG	YES OR NO	DATE FIRST USED	DATE LAST USED	APPROX. TIMES USED
Marijuana	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Hash, Hashish Oil	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Cocaine	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Crack, Rock, Ice	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Barbituates, Hypnotics, or other "Downers"	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Amphetamines [Cross-tops, Whites, Bennies, "Uppers"]	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Methamphetamines [Speed, Crank]	<input type="checkbox"/> YES <input type="checkbox"/> NO			
LSD or other Hallucinogens	<input type="checkbox"/> YES <input type="checkbox"/> NO			
PCP [Angel dust, Sperm]	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Heroin or other opiates	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Steroids	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Pharmaceutical drugs not prescribed for you	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other controlled substances	<input type="checkbox"/> YES <input type="checkbox"/> NO			

- Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body? ☐YES ☐NO
- Have you introduced into your body a substance, which you thought was an illegal drug and then found out that it was not? ☐YES ☐NO
- Have you ever injected an illegal drug into your body? ☐YES ☐NO
- Have you ever sold or purchased any illegal drug? ☐YES ☐NO
- Have you ever participated in the manufacture, cultivation, or production of any illegal drug, narcotic or controlled substance? ☐YES ☐NO
- Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance? ☐YES ☐NO
- Have you ever acted as a middle man, go-between, or "done a favor for a friend" by becoming involved in any illegal drug transaction? ☐YES ☐NO
- Have you ever told anyone where to purchase illegal drugs? ☐YES ☐NO
- Have you ever temporarily stored or "held" any illegal drug, narcotic, or controlled substance? ☐YES ☐NO
- Have you ever had illegal drugs in your possession while at work? ☐YES ☐NO
- Have you ever bought or sold any illegal drugs at work? ☐YES ☐NO
- Are any illegal drugs presently in your home or car? ☐YES ☐NO

If you answered "yes" to any of the above questions, please give details and circumstances on the next page of this personal history statement.

Revised 02/2003

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DRUG USE QUESTIONNAIRE CONTINUED

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing. There are no margins, text, or other markings on the page.

Date_____

Please respond to questions here that you did not have enough room for. Be sure to identify the question(s) you are responding to.

Revised 02/2003

PENALTY AND CERTIFICATION

Signature_____

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